

**Plan F**

**Medicare Part A (Hospital Services) - Per Benefit Period (60 Days)\***

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Hospitalization:</b> Semi-Private Room & Board, general nursing and miscellaneous services & supplies			
Days 1-60	All but \$1,316	\$1,316 (Part A deductible)	\$0
Days 61-90	All but \$329	\$329/day	\$0
Days 91 & after (while using 60 lifetime reserve days)	All but \$658/day	\$658/day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare eligible expenses	\$0**
Beyond 365 additional days	\$0	\$0	All Costs
<b>Skilled Nursing Facility Care*:</b> You must meet requirements, including having been in hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
Days 1-20	All Approved Amounts	\$0	\$0
Days 21-100	All but \$164.50/day	Up to \$164.50/day	\$0
Days 101 & after	\$0	\$0	All Costs
<b>Blood</b>			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
<b>Hospice Care:</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

<b>Foreign Travel- Not Covered by Medicare</b>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts of the \$50,000 lifetime maximum

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core

Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**Plan F**

**Medicare Part B (Physician Services) – Per Calendar Year**

<b>Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Medical Expenses:</b> In or out of the hospital & outpatient hospital treatment. Such as physician services, inpatient & outpatient medical and surgical services/supplies, physical/speech therapy, durable medical equipment			
First \$183 of Medicare Approved Amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
<b>Part B Excess Charges</b>			
Above Medicare Approved Amounts	\$0	100%	\$0
<b>Blood</b>			
First 3 pints	\$0	All Costs	\$0
Next \$183 of Medicare Approved Amounts*	\$0	\$183 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
<b>Clinical Laboratory Services</b>			
Test for Diagnostic Services	100%	\$0	\$0
<b>Home Health Care- Medicare Approved Services</b>			
Medically necessary skilled care services & medical supplies	100%	\$0	\$0
Durable medical equipment: -First \$183 of Medicare approved amounts*	\$0	\$183 (Part B Deductible)	\$0
-Remainder of Medicare approved amounts	80%	20%	\$0

\*Once you have been billed \$183 of Medicare-approved amounts for covered services (which are not noted with an asterisk), your Part B deductible will have been met for the calendar year.